

2020 Income Tax Return

Prepared For:

PAINTER MATHAVAN PONNUSAMY and MUTHU LAKSHM
505 MILL GROVE DR
NORRISTOWN, PA 19403

Prepared By:

TaxPreparerUSA
1290 Hartland
Troy, MI 48083
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16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	15,209.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	15,209.
19	Child tax credit or credit for other dependents	19	500.
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	500.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	14,709.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	54.
24	Add lines 22 and 23. This is your total tax	24	14,763.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17,198.
b	Form(s) 1099	25b	1.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	17,199.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	57.
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,857.
33	Add lines 25d, 26, and 32. These are your total payments	33	19,056.

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,293.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	4,293.
b	Routing number 211391825	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 18713321		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

37	Subtract line 33 from line 24. This is the amount you owe now	37	0.
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions)	38	

Third Party Designee Do you want to allow another person to discuss this return with the IRS?
 See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no.	Email address		

Paid Preparer Use Only

Preparer's name **Gopi Neelam** Preparer's signature _____ Date _____ PTIN **P00654535** Check if: Self-employed

Firm's name **TaxPreparerUSA** Phone no. **(586)201-9012**

Firm's address **1290 Hartland, Troy, MI, 48083** Firm's EIN **27-0605216**

UYA

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number
211-59-5982

PAINTER MATHAVAN PONNUSAMY and MUTHU LAKSHMI MU

Part I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C.	3	2,000.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	5.
	See Attached		
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	2,005.
Part II Adjustments to Income			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	27.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a.	22	27.

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number
211-59-5982

PAINTER MATHAVAN PONNUSAMY and MUTHU LAKSHMI MU

Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	0.
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	54.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	54.

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule 2 (Form 1040) 2020

SCHEDULE 3
(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number
211-59-5982

PAINTER MATHAVAN PONNUSAMY and MUTHU LAKSHMI MU

Part I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 20.	7	0.

Part II Other Payments and Refundable Credits			
8	Net premium tax credit. Attach Form 8962.	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	57.
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	57.

For Paperwork Reduction Act Notice, see your tax return instructions.

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Schedule 3 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor PAINTER MATHAVAN PONNUSAMY		Social security number (SSN) 211-59-5982
A Principal business or profession, including product or service (see instructions) IT		B Enter code from instructions ▶ 541510
C Business name. If no separate business name, leave blank. EPAM Systems Inc.		D Employer ID number (EIN) (see instr.) 22-3536104
E Business address (including suite or room no.) ▶ 41 University Drive City, town or post office, state, and ZIP code Newtown, PA 18940		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2020, check here <input type="checkbox"/>		
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Form(s) 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	2,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	2,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	2,000.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	2,000.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18	
9 Car and truck expenses (see instructions)	9		19	
10 Commissions and fees	10		20a	
11 Contract labor (see instructions)	11		20b	
12 Depletion	12		21	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		22	
14 Employee benefit programs (other than on line 19)	14		23	
15 Insurance (other than health)	15		24a	
16 Interest (see instructions):			24b	
a Mortgage (paid to banks, etc.)	16a		25	
b Other	16b		26	
17 Legal and professional services	17		27a	
			27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	0.	28	0.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	2,000.	29	2,000.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	2,000.	31	2,000.
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.
			32b	<input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

UYA

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Go to www.irs.gov/ScheduleSE for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

PAINTER MATHAVAN PONNUSAMY

Social security number of person
with self-employment income ▶

211-59-5982

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I.

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** **2,000.**

3 Combine lines 1a, 1b, and 2 **3** **2,000.**

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** **1,847.**

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue ▶ **4c** **1,847.**

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** **0.**

6 Add lines 4c and 5b **6** **1,847.**

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 **7** **137,700**

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a** **138,615.**

b Unreported tips subject to social security tax from Form 4137, line 10. **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c. **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶ **9** **0.**

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10**

11 Multiply line 6 by 2.9% (0.029) **11** **54.**

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** **54.**

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** **13** **27.**

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **or (b)** your net farm profits² were less than \$6,107.

14 Maximum income for optional methods **14** **5,640**

15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) **or** \$5,640. Also, include this amount on line 4b above. **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14. **16**

17 Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

2020

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **211-59-5982**

PAINTER MATHAVAN PONNUSAMY

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1 Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶		<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family	
2 HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2			
3 If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter.	3		7,100.	
4 Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs.	4			
5 Subtract line 4 from line 3. If zero or less, enter -0-	5		7,100.	
6 Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter.	6		7,100.	
7 If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7			
8 Add lines 6 and 7.	8		7,100.	
9 Employer contributions made to your HSAs for 2020	9		1,206.	
10 Qualified HSA funding distributions.	10			
11 Add lines 9 and 10	11		1,206.	
12 Subtract line 11 from line 8. If zero or less, enter -0-	12		5,894.	
13 HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12	13			

Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a Total distributions you received in 2020 from all HSAs (see instructions)		14a	
b Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions		14b	
c Subtract line 14b from line 14a		14c	
15 Qualified medical expenses paid using HSA distributions (see instructions).		15	
16 Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line		16	
17a If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>			
b Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box		17b	

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18 Last-month rule		18	
19 Qualified HSA funding distribution		19	
20 Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line		20	
21 Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box		21	

**Qualified Business Income Deduction
Simplified Computation**

2020

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**

Attachment
Sequence No. **55**

▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

Your taxpayer identification number

PAINTER MATHAVAN PONNUSAMY and MUTHU LAKSHMI MUTHURAJ

211-59-5982

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	EPAM Systems Inc.	22-3536104	1,973.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	1,973.
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	1,973.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	395.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	395.
11	Taxable income before qualified business income deduction	11	107,800.
12	Net capital gain (see instructions).	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	107,800.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	21,560.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15	395.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8867**

Paid Preparer's Due Diligence Checklist

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

2020
Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

PAINTER MATHAVAN PONNUSAMY and MUTHU LAKSHMI MUTHURAJ

211-59-5982

Enter preparer's name and PTIN

Gopi Neelam P00654535

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. ● Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. ● Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

UYA

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9 a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2020 Other Income - Supporting Details for Schedule 1 (Form 1040), Line 8

Name(s) shown on Form 1040 PAINTER MATHAVAN PONNUSAMY and MUTHU LAKSHMI MUTHURAJ	Your social security number 211-59-5982
--	---

Enter sources of other income below:	PAINTER MATHAVAN	MUTHU LAKSHMI
1. _____		
2. _____		
3. Gambling Winnings reported on Form W-2G		
Other winnings where a Form W-2G not received		
4. Jury Pay		
5. Net Operating Loss carry forward from 2019		
6. Foreign earned income exclusion from Form 2555		
7. Other Income from Schedule K-1		
8. Income from personal property rental		
9. Child's income amount from Form 8814, line 12		
10. MSA Distributions, Form 8853		
11. Medicare Advantage MSA Distributions, Form 8853		
12. Long-term Care Distribution, Form 8853		
13. Form 1099-MISC, Boxes 3 and 8	5.	
14. Alaska Permanent Fund dividends		
15. Coverdell ESA or Qualified Tuition Program		
16. Cancellation of a nonbusiness debt, Form 1099-C		
17. Cancellation of a business debt, Partnership Sch K-1		
18. HSA distributions and excess contributions, Form 8889		
19. Reemployment trade adjustment assistance (RTAA)		
20. Recapture of prior year tuition and fees deduction		
21. Recapture of charitable contribution deduction of a fractional interest in tangible personal property		
22. Recapture of charitable contribution deduction if no exempt use		
23. Income from Foreign Corporation, Form 5471		
24. Hobby income		
25. Income or loss, Form 8621		
26. Loss on excess deferral distribution		
27. Disaster relief payments		
28. Medicaid waiver payments to care provider (NOTICE 2014-07)		
29. Credit adjustment from regular income, Form 6478 and Form 8864		
30. Indian gaming proceeds (from 1099-MISC)		
31. Indian tribal distrib (from 1099-MISC)		
32. Native American distrib (from 1099-MISC)		
33. Taxable distributions from ABLE accounts, Form 1099-QA		
34. Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number		
35. Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B)		
36. Net section 965(a) inclusion		
37. Section 965(n) election - reduction of NOL		
38. Section 951A. Share of GILTI, Form 8992, Part II, Line 3		
Total Other Income	5.	

For Fiscal year beginning and ending Your Social Security No. Spouse's Social Security No.

2 1 1 5 9 5 9 8 2 9 3 4 9 6 0 5 6 0

Your Last Name First Name and Middle Initial Jr., Sr., III, etc. PONNUSAMY PAINTER MATH

Spouse's Last Name Spouse's First Name Jr., Sr., III, etc. MUTHURAJ MUTHU LAKSHM

Present Home Address (Number and Street) Apt #

505 MILL GROVE DR

City State Zip Code NORRISTOWN PA 19403

Form DE2210 If you were a part-year resident in 2020, give the dates you resided in Delaware.

Check if FULL-YEAR Non-resident in 2020 FILING STATUS (MUST CHECK ONE) 1. Single, Divorced, Widow(er) 2. X Joint 3. Married & Filing Separate Forms 4. Head of Household

Table with columns: Attached, Description, Amount. Rows include: 37. DELAWARE ADJUSTED GROSS INCOME (132023), 38. (a) STANDARD DEDUCTION (6500), 39. ADDITIONAL STANDARD DEDUCTIONS (6500), 40. TOTAL DEDUCTIONS (6500), 41. TAXABLE INCOME (125523), 42. Tax Liability Computation (2328), 43. PERSONAL CREDITS (106), 46. Total Non-Refundable Credits (106), 47. BALANCE (2222), 48. Delaware Tax Withheld (2474), 52. TOTAL REFUNDABLE CREDITS (2474), 54. OVERPAYMENT (252), 59. NET REFUND (252).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct, and complete. Your Signature Date Spouse's Signature (if filing joint) Date

Home Phone: Business Phone: Email Address: Signature of Paid Preparer Date Address of Paid Preparer

TROY MI 48083

Business Phone (586)201-9012 Email Address EIN, SSN, or PTIN 270605216 FILETAXWITHGOPI@GMAIL.COM



ATTACH LABEL HERE

STAPLE W-2 FORMS HERE

STAPLE CHECK HERE

2020 NR

DELAWARE NON-RESIDENT FORM 200-02, PAGE 2



DF20320021064

SECTION A - INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

Table with 3 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Includes rows for Wages, Interest, Dividends, State refunds, Alimony, Business income, Capital gain, Other gains, IRA distributions, Taxable pensions, Rents, Farm income, Unemployment, Taxable Social Security benefits, and Total income.

SECTION B - DELAWARE MODIFICATIONS AND ADJUSTMENTS - ADDITIONS (+)

Table with 3 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Includes rows for Interest received on obligations, Fiduciary adjustment, and TOTAL.

SECTION C - DELAWARE MODIFICATIONS AND ADJUSTMENTS - SUBTRACTIONS (-)

Table with 3 columns: Line number, Description, Federal COLUMN 1, Delaware Source Income/Loss COLUMN 2. Includes rows for Interest received on U.S. obligations, Pension/Retirement Exclusions, Delaware State tax refund, Fiduciary Adjustment, Taxable Social Security Benefits, and TOTAL.

SECTION D - ITEMIZED DEDUCTIONS (ATTACH DELAWARE SCHEDULE A)

Table with 3 columns: Line number, Description, Federal COLUMN 1. Includes rows for Enter total Itemized Deductions, Enter Foreign Taxes Paid, Enter Charitable Mileage Deduction, and TOTAL.

SECTION E - DIRECT DEPOSIT INFORMATION

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, c, and d below. See instructions for details.

a. Routing Number 2 1 1 3 9 1 8 2 5

b. Type: Checking [X] Savings

c. Account Number 1 8 7 1 3 3 2 1

d. Is this refund going to or through an account that is located outside of the United States? Yes No [X]

NOTE: If your refund is adjusted by \$100.00 or more, a paper check will be issued and mailed to the address on your return.

BALANCE DUE W/PAYMENT ENCLOSED (LINE 58): DELAWARE DIVISION OF REVENUE P.O. BOX 508, WILMINGTON, DE 19899-0508

REFUND (LINE 59): DELAWARE DIVISION OF REVENUE P.O. BOX 8710, WILMINGTON, DE 19899-8710

ALL OTHER RETURNS: DELAWARE DIVISION OF REVENUE P.O. BOX 8711, WILMINGTON, DE 19899-8711

MAKE CHECK PAYABLE TO: DELAWARE DIVISION OF REVENUE. REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN, AND KEEP A COPY OF THE RETURN FOR YOUR RECORDS

Other Income
Supporting Details for Form 200-02, Line 14

Enter sources of other income below:	Federal	Delaware
1. _____	0.	0.
2. _____	0.	0.
3. Gambling Winnings reported on Form W-2G	0.	0.
Other winnings where a Form W-2G not received	0.	0.
4. Jury Pay	0.	0.
5. Net Operating Loss carry forward from 2019	0.	0.
6. Foreign earned income exclusion from Form 2555.	0.	0.
7. Other Income from Schedule K-1	0.	0.
8. Income from personal property rental	0.	0.
9. Child's income amount from Form 8814, line 12	0.	0.
10. MSA Distributions, Form 8853	0.	0.
11. Medicare Advantage MSA Distributions, Form 8853	0.	0.
12. Long-term Care Distribution, Form 8853	0.	0.
13. Form 1099-MISC, Boxes 3 and 8	5.	5.
14. Alaska Permanent Fund dividends	0.	0.
15. Coverdell ESA or Qualified Tuition Program	0.	0.
16. Cancellation of a nonbusiness debt, Form 1099-C	0.	0.
17. Cancellation of a business debt, Partnership Sch K-1	0.	0.
18. HSA Distributions, Form 8889	0.	0.
19. Reemployment trade adjustment assistance (RTAA)	0.	0.
20. Recapture of prior year tuition and fees deduction	0.	0.
21. Recapture of charitable contribution deduction of a fractional interest in tangible personal property	0.	0.
22. Recapture of charitable contribution deduction if no exempt use	0.	0.
23. Income from Foreign Corporation, Form 5471	0.	0.
24. Hobby income	0.	0.
25. Income or loss from Section 1291, Form 8621	0.	0.
26. Loss on excess deferral distribution	0.	0.
27. Disaster relief payments	0.	0.

Disaster relief payments		
28. Foster care payments and Medicaid waivers	0.	0.
29. Credit adjustment from regular income, Form 6478 and Form 8864	0.	0.
30. Indian gaming proceeds (Form 1099-Misc)	0.	0.
31. Indian tribal distributions (Form 1099-Misc)	0.	0.
32. Native American distributions (Form 1099-Misc)	0.	0.
33. Distributions from ABLE account (Form 1099-QA)	0.	0.
34. Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number.	0.	0.
35. Foreign currency transaction electing section 988 treatment as ordinary income (Form 1099-B)	0.	0.
36. Net section 965(a) inclusion	0.	0.
37. Section 965(n) election - reduction of NOL	0.	0.
38. Section 951A. Share of GILTI, Form 8992, Part II, Line 3 ...	0.	0.
Total Other Income	5.	5.

0.

2020 PA-40 V PA PAYMENT VOUCHER

211-59-5982

PO

934-96-0560

2000918900

PAYMENT AMOUNT

PONNUSAMY
PAINTER MATH
MUTHURAJ
MUTHU LAKSHM

\$ 140.00

505 MILL GROVE DR
NORRISTOWN
PA
19403

DEPARTMENT USE ONLY

Make check or money order
payable to the Pennsylvania
Department of Revenue

PA-40 - 2020
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (06-20)

211595982 934960560

PONNUSAMY

PAINTER MATHAVAN Occupation

MUTHU LAKSHMI Occupation

MUTHURAJ

505 MILL GROVE DR

NORRISTOWN PA 19403

USA 02280

N Extension. N Amended Return.
R Residency Status. PA Resident/Nonresident/Part-Year Resident from to
J Single, Married/Filing Jointly, Married/Filing Separately, Final Return
N Deceased
N Taxpayer Date of Death
N Spouse Date of Death
N Farmers. School District Name EAST ALLEGHENY

1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete PA Schedule A if required.

3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit PA Schedule J.

8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.

9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.

11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

Table with 2 columns: Line Number and Amount. Rows include 1a (138470), 1b (0), 1c (138470), 2 (0), 3 (0), 4 (2000), 5 (0), 6 (0), 7 (0), 8 (0), 9 (140470), 10 (0), 11 (140470).



PA-40 - 2020

Social Security Number

211595982 Name(s) PAINTER MATHAVAN PONNUSAMY AND

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.

- 14 Credit from your 2019 PA Income Tax return.
- 15 2020 Estimated Installment Payments. REV-459B included. N
- 16 2020 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

- Tax Forgiveness Credit. Submit PA Schedule SP.**
- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.

- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N

- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2021 estimated account.

- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		4312
13		2874
14		0
15		0
16		0
17		0
18		0
19a	00	
19b	00	
20		0
21		0
22		1298
23		0
24		4172
25		0
26		140
27		0
28		140
29		0
30		0
31		0
32		0
33		0
34		0
35		0
36		0

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
----------------	---------------------------------------

Preparer's Name and Telephone Number	Date
--------------------------------------	------

TaxPreparerUSA
(586)201-9012

E-File Opt Out N
Firm FEIN 270605216
Preparer's PTIN P00654535



PA SCHEDULE G-L
PA-40/PA-41 G-L
(10-20)
PA Department of Revenue

SECTION I - CALCULATION OF THE CREDIT 20

PAINTER MATHAVAN PONNUSAMY

211595982

1. Name of other state	DE	Credit from a Pass-Through Entity (see the instructions)		
		A Amount of income subject to tax in PA per PA return	B Amount of income subject to tax in the other state	C Lesser of Column A or B
2. Class of income subject to tax in the other state				
a. Compensation		138470	42286	
b. Unreimbursed business expenses		0		
c. Net compensation		138470	42286	42286
d. Interest		0	0	0
e. Dividends		0	0	0
f. Net income or loss from business, profession or farm		0	0	0
g. Gain or loss from sale, exchange or disposition of property		0	0	0
h. Income or Loss from rents, royalties, patents and copyrights		0	0	0
i. Estate or trust income		0	0	0
j. Gambling and lottery winnings		0	0	0
3. Income subject to tax in the other state - Add Lines 2c thru 2j for Column C. Enter the result here.				42286
4. a. Tax due or assessed in the other state				2222
b. Tax paid in the other state				2222
c. Enter the lesser of Line 4a or Line 4b				2222
d. Less: adjustments - Enter the amount from Section III, Line 5.				0
e. Adjusted tax paid in the other state - Subtract Line 4d from Line 4c. Enter the result here.				2222
5. Line 3 x 3.07 percent (0.0307)				1298
6. PA Resident Credit. Enter the lesser of Line 4e or Line 5 here and on the appropriate form (see instructions).				1298

SECTION II - SOURCES AND AMOUNTS OF INCOME SUBJECT TO TAX

	A	B	C	D	E
1. Source entity name	W2 INCOME				TOTALS
2. Income by class					
Compensation	42286				42286
Interest					0
Dividends					0
Net income or loss from business, profession or farm					0
Gain or loss from sale, exchange or disposition of property					0
Income or loss from rents, royalties, patents and copyrights					0
Estate or trust income					0
Gambling and lottery winnings					0

SECTION III - ADJUSTED TAX PAID

1. Enter the amount from Section I, Column C, Line 3 here.	42286
2. Add the amounts from Section I, Column B, Lines 2c through 2j. Enter the result here.	42286
3. Divide the amount from Section III, Line 1 by Section III, Line 2. Enter the result here (calculate to six decimal places). If the amount on Section III, Line 3 equals 1.000000, you may stop here and enter "0" on Section I, Line 4d.	1.000000
4. If the amount on Section III, Line 3 is less than 1.000000, subtract the decimal from 1.000000. Enter the result here (calculate to six decimal places).	0.000000
5. Multiply the decimal on Section III, Line 4 by the amount on Section I, Line 4c. Enter the result here and on Section I, Line 4d.	0



PA-40 Schedule C - 2020
(07-20) Profit or Loss From Business or Profession (Sole Proprietorship)

211595982 PANNUSAMY PAINTER MATHAVAN Method of Inventory: C=Cost, L=Lower of cost or market, O=Other C
 IT Accounting Method: A=Accrual, C=Cash, O=Other C
 223536104 EPAM SYSTEMS INC Home office expenses deducted N
 541510 Business out of existence N
 41 UNIVERSITY DRIVE Any change in determining quantities, costs or valuations N
 NEWTOWN PA 18940

1a. Gross receipts or sales	1A	2000	2. Cost of goods sold/operations	2	0
1b. Returns and allowances	1B	0	3. Gross profit	3	2000
1c. Balance	1C	2000	4. Other Income (submit statement)	4	0
			5. Total income	5	2000
6. Advertising	6	0	28. Supplies (not included on Schedule C-1)	28	0
7. Amortization	7	0	29. Taxes	29	0
8. Bad debts from sales or services	8	0	30. Telephone	30	0
9. Bank charges	9	0	31. Travel and entertainment	31	0
10. Car and truck expenses	10	0	32. Utilities	32	0
11. Commissions	11	0	33. Wages	33	0
12. Cost depletion not % depletion	12	0	34. IDCs (1/3 current expensing)	34	0
			35. IDCs (amortization)	35	0
			36. Start-up costs (direct expense)	36	0
13a. Regular depreciation	13A	0	37. Other expenses (specify):		
13b. Section 179 expense	13B	0			
14. Dues and publications	14	0	A	A	0
15. Other employee benefit programs	15	0	B	B	0
16. Freight (not on Schedule C-1)	16	0	C	C	0
17. Insurance	17	0	D	D	0
18. Interest on business indebtedness	18	0	E	E	0
			F	F	0
19. Laundry and cleaning	19	0	G	G	0
20. Legal and professional services	20	0	H	H	0
21. Management fees	21	0	I	I	0
22. Office supplies	22	0	J	J	0
23. Pension and profit-sharing plans	23	0			
24. Postage	24	0	37. Total other expenses	37	0
25. Rent on business property	25	0	38. Total expenses (add Lines 6 through 37)	38	0
26. Repairs	26	0	39. Net profit or loss	39	2000
27. Subcontractor fees	27	0			

